



Twilight on the Rooftop Registration Form

Yes! I want to participate in Twilight on the Rooftop.

Individual/Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- I WANT TO BE AN EVENT LEADER** (\$10,000)
 I WANT TO BE AN EVENT PARTNER (\$2,500)
 I WANT TO BE AN EVENT SPONSOR (\$5,000)
 I WANT TO BE AN EVENT STAR (\$1,250)
 I WANT TO PURCHASE INDIVIDUAL TICKETS:

Number of tickets: _____ X \$85 per person	Subtotal: \$ _____
_____ X \$145 VIP per person	Subtotal: \$ _____
	Grand Total: \$ _____

PAYMENT INFORMATION:

- Our check will be sent to your office.
 Please charge my credit card:
 MasterCard
 Visa
 AmEx
 Discover

Account Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

The evening is tax-deductible less \$25 per attendee.

Please return form via fax to 312-455-8240, via email to
ppetrini@hubbardstreetdance.com, or via mail to
 Hubbard Street Dance Chicago at 1147 W. Jackson Blvd., Chicago, IL 60607.